AIDS - 9

- Cascade - 3
- Lake - 1
- Missoula - 2
- Yellowstone - 2
- Unnamed - 1

Amebiasis - 3

- Gallatin - 1
- Missoula - 1
- Yellowstone - 1

Aseptic Meningitis - 17

- Beaverhead - 8
- Big Horn - 1
- Gallatin - 1
- Lewis and Clark - 1
- Missoula - 2
- Silver Bow - 2
- Sweet Grass - 1
- Yellowstone - 1

Bacterial Meningitis, Unspecified - 2

- Gallatin - 1
- Missoula - 1

Chickenpox - 864

- Carter - 1
- Cascade - 43
- Dawson - 133
- Fergus - 17
- Flathead - 42
- Gallatin - 32
- Hill - 2
- Judith Basin - 15
- Lake - 424
- Park - 1
- Pondera - 13
- Roosevelt - 2
- Wheatland - 1
- Yellowstone - 138

Colorado Tick Fever - 5

- Madison - 1
- Park - 2
- Ravalli - 1
- Silver Bow - 1

Cryptococcal Meningitis - 1

- Yellowstone - 1

*Cytomegaloviral Illness - 3

- Lewis and Clark - 1
- Yellowstone - 2

Encephalitis, Primary - 1

- Yellowstone - 1

*Hib Bacteremia - 1

- Silver Bow - 1

*Hib Epiglottitis - 1

- Rosebud - 1

*Hib Invasive Disease - 1

- Flathead - 1

Influenza - 24

Legionellosis - 1

- Rosebud - 1

Measles, Imported - 1

- Glacier - 1

Measles, Indigenous - 127

- Big Horn - 4
- Blaine - 1
- Carbon - 1
- Cascade - 78
- Hill - 13
- Lake - 1
- Liberty - 1
- Yellowstone - 27

Mononucleosis - 89

Mumps - 9

- Fergus - 1
- Gallatin - 1
- Hill - 1
- Lake - 1
- Rosebud - 2
- Sanders - 1
- Yellowstone - 2

Ornithosis - 2

- Yellowstone - 2

Pertussis - 8

- Cascade - 2
- Chouteau - 1
- Flathead - 1
- Glacier - 1
- Lake - 2
- Missoula - 1

Plague - 1

- Gallatin - 1

Rocky Mountain Spotted Fever - 11

- Broadwater - 1
- Gallatin - 1
- Mineral - 1
- Missoula - 4
- Ravalli - 2
- Roosevelt - 2

*Voluntary reporting until November 1987

Rubella - 8

- Beaverhead - 1
- Big Horn - 1
- Broadwater - 1
- Gallatin - 1
- Meagher - 1
- Missoula - 1
- Roosevelt - 1

Strep Pneumococcal Meningitis - 3

- Flathead - 1
- Gallatin - 1
- Roosevelt - 1

Strep Throat

- 2,827 - statewide

Syphilis, Primary - 7

- Flathead - 1
- Gallatin - 2
- Lewis and Clark - 1
- Phillips - 1
- Yellowstone - 2

Syphilis, Secondary - 4

- Flathead - 2
- Gallatin - 2

Syphilis - Early Latent Under 1 year - 5

- Cascade - 1
- Deer Lodge - 1
- Lake - 1
- Silver Bow - 1
- Yellowstone - 1

Syphilis - Early Latent Over 1 year - 1

- Yellowstone - 1

Syphilis - Late Latent - 2

- Deer Lodge - 1
- Silver Bow - 1

Toxic Shock - 1

- Beaverhead - 1

Tuleremia - 2

- Broadwater - 1
- Missoula - 1

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Volume: 12:5 **Month of:** 1987 ANNUAL SUMMARY

MONTANA MORBIDITY REPORT. Pub. No. 397830. Published monthly with an extra issue for March by the Health Services Division of the Department of Health and Environmental Sciences, Cogswell Building, Helena, MT 59620.
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1987 ANNUAL SUMMARY

	Campylobacter, diarrhea	Chlamydia, sexually-transmitted	Giardiasis	Gonococcal disease	Haemophilus influenzae meningitis	Hepatitis A	Hepatitis B	Hepatitis, Non-A, Non-B	Hepatitis, unspecified	Meningococcal meningitis	Post-exposure rabies treatment	Rabies in animals	Salmonellosis	Shigellosis	Tuberculosis
Beaverhead		6	3	2				1			2				1
Big Horn		63		21	1	1				1	3	13		2	2
Blaine		27	1	13							1	6		1	1
Broadwater		1		1							1	1			1
Carbon			1	1		1						2			
Carter											1	3			
Cascade		246	3	124	2	10	6	1	1		3		7		3
Chouteau		1										1			
Custer		1		6		1					2	6	1	1	
Daniels	1											4			
Dawson	1			8	1	1						3			
Deer Lodge		1	1	3	2		1	1					2		1
Fallon											11	10			
Fergus	1	2	4				1				7	18	2		
Flathead	3	59	27	21	2	7	6						4		1
Gallatin	5	392	29	20	1	3	1				2		3	4	
Garfield												1			
Glacier		71	4	49			1	1		1		1		2	1
Golden Valley												1			
Granite			1									1			
Hill		66	9	35		1	2				3	5	5		
Jefferson		2												2	
Judith Basin												3			
Lake	2	19	9	20	1	26	1		1		3	1	2		
Lewis & Clark	1	149	21	25			6				1	2	5	6	
Liberty				2											
Lincoln		15	2	4	2		3								
McCone												5			
Madison		1	1	2							1	1			
Meagher													1		
Mineral						1							1		1
Missoula	5	156	25	25		20	13	3		1	5	1	7	2	1
Musselshell		1	1	2							12	9	1		
Park	1	5					2				2		2		
Petroleum															
Phillips			1									2			
Pondera		3	1	4	2						3	7	1		
Powder River							1				1	3			
Powell		3		1	1		1								
Prairie											2				
Ravalli	4	1	6	8	1	4		1			1		1	1	
Richland							1				20	2	1		
Roosevelt	1	37	6	77		1	1				6	9	5	2	2
Rosebud		1	3	19	1						9	10		8	
Sanders		1	1	1								2	1		1
Sheridan		1	2		1						1	8	1		1
Silver Bow		35	6	5		5	2				4		5	3	3
Stillwater				1						1				1	
Sweet Grass															
Teton			1	2							1	2			
Toole							1				3	10			
Treasure								1			5	2			
Valley	3	1									1	2		1	
Wheatland	1											1			
Wibaux											4	10	9		
Yellowstone	10	408	8	117		4	9	2	3			17	7	6	1
year to date TOTAL 1987	39	*1775	177	**519	18	86	59	11	5	4	121	185	74	42	21
year to date TOTAL 1986	63	*666	229	**691	28	84	51	11	9	11	119	205	65	27	34
year to date TOTAL 1985	53	*150	174	**794	28	119	61	5	15	11	170	256	89	53	50

**Gonococcal Disease Totals:

1987 includes 28 military
1986 includes 25 military
1985 includes 14 military

*Chlamydia reporting voluntary until November 1987

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DECEMBER 1987	Campylobacter, diarrhea	Chlamydia, sexually transmitted	Giardiasis	Gonococcal disease	Haemophilus influenzae meningitis	Hepatitis A	Hepatitis B	Hepatitis, Non A, Non B	Hepatitis, unspecified	Meningococcal meningitis	Post exposure rabies treatment	Rabies in animals	Salmonellosis	Shigellosis	Tuberculosis
Beaverhead		3													
Big Horn		11		2								1		1	2
Blaine		3										1			
Broadwater															1
Carbon			1			1						2			
Carter															
Cascade		41	2	1			1	1	1						1
Chouteau		1													
Custer		1													
Daniels															
Dawson															
Deer Lodge							1								
Fallon															
Fergus							1								
Flathead		8	1	4											
Gallatin	1	49	4	1										3	
Garfield															
Glacier		21	1	6				1							
Golden Valley															
Granite															
Hill		14		2							3	3	1		
Jefferson															
Judith Basin															
Lake		3	7		1										
Lewis & Clark		33		3			3							1	
Liberty															
Lincoln		4													
McCone															
Madison															
Meagher															
Mineral															
Missoula	1	29											1		1
Musselshell		1	1								1	1			
Park															
Petroleum															
Phillips			1												
Pondera		1									2	1			
Powder River							1								
Powell		1													
Prairie															
Ravalli	2														
Richland												1			
Roosevelt		11	3	20											
Rosebud		1		2										8	
Sanders															1
Sheridan												1			
Silver Bow		10	1	1											1
Stillwater															
Sweet Gress															
Teton			1												
Toole															
Treasure															
Valley															
Wheatland															
Wibeux															
Yellowstone		62	1	16			2		1			9	1	1	
MONTHLY TOTAL 1987	4	*308	24	58	1	1	9	2	2	0	6	20	3	14	7
MONTHLY TOTAL 1986	0	73	15	52	0	4	2	1	0	1	5	16	1	3	7
MONTHLY TOTAL 1985	1	10	7	61	3	18	1	0	1	1	5	20	2	0	3
TOTAL TO DATE 1987	39	1754	176	616	19	87	59	11	5	4	122	145	74	42	22
TOTAL TO DATE 1986	61	662	224	691	25	79	51	11	10	11	119	207	52	26	34
TOTAL TO DATE 1985	50	118	171	790	32	114	51	7	8	7	165	248	89	52	49

OTHER DISEASES: Amebiasis: Yellowstone, 1; Aseptic Meningitis: Lewis&Clark, 1; Chickenpox: Cascade, 20; Dawson, 1; Fergus, 2; Flathead, 19; Gallatin, 3; Lake, 3; Yellowstone, 2; Cytomegaloviral Illness: Lewis&Clark, 1; Yellowstone, 3; Mumps: Sanders, 1; Yellowstone, 2; Pertussis: Flathead, 1; Missoula, 1; Strep Pneumococcal Meningitis: Gallatin, 1; Early Latent Syphilis under 1 year: Deer Lodge, 1; Yellowstone, 1; Late Latent Syphilis: Silver Bow, 1; *Chlamydia totals are for November & December combined.

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Volume: 11:13 **Month of:** DECEMBER 1987

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Changes in Administrative Rules Continued

In the November issue information about changes in Chapter 28, Communicable Disease Control Administrative Rules of Montana, were discussed. This is a continuation of discussion about the changes in each section of the Chapter.

Reports and Report Deadlines

The reportable diseases are divided in sections according to the timeliness with which they are to be reported. A county, city-county or district health officer reports to the Montana State Department of Health and Environmental Sciences (MDHES) the following diseases by telephone immediately upon learning of them:

- Anthrax
- Botulism (including infant botulism)
- Diphtheria
- Measles (rubeola)
- Plague
- Rabies or rabies exposure (Human)
- Smallpox (including vaccinia)
- Typhoid fever

Diseases for which the local health officer reports to MDHES by confidential case card the same day as the case is known are as follows:

- Choncroid
- Cholera
- Diahrreal disease outbreak
- Gastroenteritis disease outbreak
- Gonococcal infection
- Gonococcal opthalmia neonatorum
- Granuloma inguinale
- Haemophilus influenzae B invasive disease
- Listerosis
- Illness occurring in a traveler from a foreign country
- An unusual outbreak of any communicable disease in Control of Communicable Diseases in Man, 14th Edition, 1985.
- Lymphogranuloma venereum
- Meningitis, bacterial or viral
- Pertussis
- Poliomyelitis
- Rubella
- Syphilis
- Tetanus
- Typhus
- Yellow fever

Diseases for which the local health officer reports to MDHES by confidential case card within 7 days of the case being known are as follows:

- Acquired immune deficiency syndrome (AIDS)
- Amebiasis
- Brucellosis
- Campylobacter enteritis
- Chlamydia genital infection
- Cytomegaloviral illness
- Encephalitis
- Giardiasis
- Hansen's disease (leprosy)
- Hepatitis A, B, non-A non-B, or unspecified
- Kawasaki disease
- Legionellosis
- Lyme disease
- Malaria
- Mumps
- Ornithosis (Psittacosis)
- Q-fever
- Reye's syndrome
- Rocky Mountain Spotted Fever
- Salmonellosis
- Shigellosis
- Trichinosis
- Tuberculosis
- Tularemia
- Yersiniosis

Diseases for which the local health officer reports to MDHES by card the total number of cases which occurred the previous week are as follows:

- Chickenpox
- Colorado tick fever
- Conjunctivitis epidemic
- Influenza
- Staphylococcal epidemic
- Streptococcal epidemic
- Swimmer's itch (cutaneous larva migrans)

Other items related to reports and report deadlines are as follows:

1. Anyone, other than the local health officer, who reports a case of AIDS or potential AIDS must submit the report by 5:00 p.m. Friday of the week in which the diagnosis of AIDS is made or the test showing potential AIDS is performed.
2. A laboratorian must submit to the department by the 15th day following each quarter a report on a form supplied by the department indicating the number of tests with negative or positive results which were done that quarter for tuberculosis or a sexually transmitted disease.
3. A laboratorian in a laboratory in which a test of blood is made to determine whether the antibody to the human immunodeficiency virus (HIV) is present must submit to the department by the 15th day following the month in which the test was performed a report on a form supplied by the department indicating the number of tests with negative results for that antibody which were done during that month.

A section-by-section discussion of changes in the ARM for communicable disease reporting will be continued in the next issue of this report.

* * * * * * *

The Montana AIDS Project was contacted by the Colorado AIDS Project for newsletter spots to their target groups for:

The Third Annual Rocky Mountain Regional Conference on AIDS
"Meeting the Challenge of AIDS: Medical and Mental Health Issues"

Presented by: The Denver Department of Public Health and the Colorado AIDS Project. Co-sponsors: Colorado Department of Health, American Red Cross, Colorado Medical Society and Colorado Psychological Association

Date: February 6, 1988 -- Saturday -- 8:00 a.m. - 4:45 p.m.

Location: Dennison Auditorium
University of Colorado Health Sciences Center
4200 East Ninth Avenue
Denver, CO

Registration: $45.00 (tax deductible)

Payable to: Colorado AIDS Project
ATTN: AIDS Conference
P. O. Box 18529
Denver, CO 80218

Includes lunch, break, refreshments and conference packet.
REGISTRATION DEADLINE: Friday, January 29, 1988
LIMIT: 300

Education Credits: Those attending are eligible for 7 hours C.E.U.

For further information, contact Peter Ralin at (303) 893-6300.

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Changes in Administrative Rules

The changes in the Administrative Rules of Montana related to communicable diseases were sent in final form to the Attorney General's Office November 16, 1987. They are in effect as of November 27, 1987. The official "replacement pages" which document the physical form of the whole chapter won't be available until January 1988. The major changes in the communicable disease rules will be summarized in the next several issues of this report. When the replacement pages are available all county health departments will be sent a copy of the entire chapter. Reproduction of other materials such as the Montana Handbook of Reportable Disease will be updated if funding is available.

Definitions

The definitions section of the rules now contain explanations of various types of modified isolation. The minimal control measures refer specifically to one of the following: (1) tuberculosis isolation, (2) respiratory isolation, (3) enteric precautions, (4) drainage and secretion precautions and (5) blood and body fluid precautions rather than just stating modified isolation. These guidelines are adopted from the 1983 Centers for Disease Control's Isolation Precautions in Hospitals. This is the major change in the definitions although some terms had to be added and deleted as the content of the chapter changed.

Reporting Requirements

The list of reporters now includes, but is not limited to the following: (1) physician, (2) dentist, (3) medical examiner, (4) other health care practitioner, (5) administrator of a health care facility, (6) public or private school administrator, (7) city health officials and (8) laboratories. All reportable diseases and conditions except HIV positivity are reportable to the county, city-county or district health officer who in turn reports to the Montana State Department of Health and Environmental Sciences (MDHES). HIV testing and positivity are reportable directly to MDHES.

Reportable diseases are as follows:

- AIDS or HIV antibody positivity
- Amebiasis
- Anthrax
- Botulism (including infant)
- Brucellosis
- Campylobacter enteritis
- Chancroid
- Chickenpox
- Chalmydial gential infection
- Cholera
- Colorado Tick Fever
- Conjunctivitis epidemic
- Cytomegaloviral illness
- Diarrheal disease outbreak
- Diphtheria
- Encephalitis
- Gastroenteritis epidemic
- Giardiasis
- Gonococcal infection
- Gonococcal ophthalmia neonatorum
- Granuloma inguinale
- Haemophilus influenzae B invasive disease
- Hansen's disease
- Hepatitis A, B, non-A, non-B, or unspecified
- Kawasaki Disease
- Influenza
- Legionnellosis
- Listeriosis
- Lyme Disease
- Lymphogranuloma venereum
- Malaria
- Measles (rubeola)
- Meningitis, bacterial or wild
- Mumps
- Ornithosis
- Pertussis
- Plague
- Poliomyelitis
- Q fever
- Rabies or rabies exposure
- Reye's Syndrome
- Rocky Mountain Spotted Fever
- Rubella
- Salmonellnsis
- Shigellosis
- Smallpox (including vaccinia)
- Staphylococcal epidemic
- Streptococcal epidemic
- Summer's itch
- Syphilis
- Tetanus
- Trichinosis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Yersiniosis
- Illness occurring in a traveler from a foreign country
- An unusual outbreak of any communicable disease in Control of Communicable Disease in Man

The four categories for time lines and type of report will be discussed in the next issue.

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Volume: 11:12 **Month of:** NOVEMBER 1987

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NOVEMBER 1987	Campylobacter, diarrhea	Chlamydia, sexually transmitted	Giardiasis	Gonococcal disease	Haemophilus influenzae meningitis	Hepatitis A	Hepatitis B	Hepatitis, Non-A, Non-B	Hepatitis, unspecified	Meningococcal meningitis	Post exposure rabies treatment	Rabies in animals	Salmonellosis	Shigellosis	Tuberculosis
Beaverhead			2												
Big Horn				2							1	2			
Blaine															1
Broadwater															
Carbon															
Carter															
Cascade				6		1									
Chouteau															
Custer															
Daniels															
Dawson															
Deer Lodge			1										1		
Fallon												1			
Fergus			1								3	3			
Flathead	1		4	1											
Gallatin			2	2											
Garfield															
Glacier			1	2										1	
Golden Valley															
Granite															
Hill				2								1			
Jefferson															
Judith Basin															
Lake						2									
Lewis & Clark			1		1		2								1
Liberty															
Lincoln															
McCone												1			
Madison															
Meagher															
Mineral															
Missoula	1		3	2		1	1				1				
Musselshell											1	2			
Park											1				
Petroleum															
Phillips				1											
Pondera				1								1			
Powder River											1				
Powell															
Prairie															
Ravalli			1	2		2									
Richland															
Roosevelt				11								1			
Rosebud			1									1			
Sanders															
Sheridan													1		1
Silver Bow															1
Stillwater															
Sweet Grass															
Teton												1			
Toole												2			
Treasure															
Valley															
Wheatland												4			
Wibaux													1		
Yellowstone				12			1								
MONTHLY TOTAL 1987	2	*N/A	17	44	1	6	4	0	0	0	8	20	3	1	4
MONTHLY TOTAL 1986	4	68	24	41	3	3	2	1	1	0	5	10	7	7	0
MONTHLY TOTAL 1985	3	6	11	77	5	9	3	0	1	0	29	24	3	0	0
TOTAL TO DATE 1987	35	*N/A	152	558	18	86	50	9	3	4	116	125	71	28	15
TOTAL TO DATE 1986	61	589	209	639	25	75	49	10	10	10	114	191	51	23	27
TOTAL TO DATE 1985	49	108	164	729	29	95	49	7	7	6	160	228	87	52	46

OTHER DISEASES: AIDS: Cascade,2; Missoula,1; Yellowstone,2; Aseptic Meningitis: Silver Bow, 1; Chickenpox: Cascade, 10; Dawson, 5; Fergus, 1; Lake, 1; Hib Bacteremia: Silver Bow, 1; Hib Invasive Disease: Flathead, 1; Rocky Mountain Spotted Fever: Missoula, 1; DELETE: one case Tuberculosis from Rosebud County for the month of September.

* November Chlamydia numbers will be added to December numbers in next month's report.

UPDATE ON HEPATITIS B PREVENTION*

Hepatitis B virus (HBV) infection is a major cause of acute and chronic hepatitis, cirrhosis, and primary hepatocellular carcinoma in the United States and worldwide. Since 1982, a safe and effective hepatitis B (HB) vaccine manufactured from human plasma has been available in the United States. This vaccine has been recommended as pre-exposure prophylaxis for persons at high or moderate risk of HBV infection. In addition, the combination of HB vaccine and hepatitis B immunoglobulin (HBIG) has been recommended for post-exposure prophylaxis in susceptible persons who have perinatal or needle-stick exposure to known HBV- positive persons or their blood.

Montana's incidence of Hepatitis B cases reported have doubled in the last five years despite the introduction of the vaccine. Nationally, the yearly incidence rate for Hepatitis B has climbed from 6.9/100,000 in 1969 to 11.5/100,000 in 1985.

Vaccination programs and overall vaccine usage have focused primarily on three risk groups -- persons who work in health-care professions and have exposure to blood, staff and clients of institutions for the developmentally disabled, and staff and patients in hemodialysis units. Although no precise figures are available, it is estimated that more than 85% of distributed vaccine has been used for these groups.

The actual use of vaccine in high-risk health-care professions has been modest. One statewide survey showed that, in hospitals with HB vaccine programs, only 26% of persons at high risk had actually received vaccine (CDC, unpublished data). In one survey in three large cities, only 24% of physicians had received vaccine (CDC, unpublished data). National surveys have shown higher rates of vaccinations among dentists (44% in early 1986) and hemodialysis staff (an estimated 44% in 1985); however, even these rates fall well short of optimal coverage (CDC, unpublished data).

There has been little progress in developing vaccination programs for other major risk groups, including parenteral drug abusers, homosexual men, and heterosexually active persons with multiple sexual partners. Few states have established programs for offering vaccine to any of these groups, and private usage of vaccine among these groups is believed to be limited.

A reduction in the incidence of Hepatitis B can be expected only if significant proportions of persons at high risk receive vaccine. Increased efforts are needed to develop programs to vaccinate persons in all high-risk groups and to increase compliance among those who are susceptible in areas where programs are established. To have any effect on the incidence of Hepatitis B, use of HB vaccine in the United States must extend beyond the current groups of recipients.

Persons for whom hepatitis B vaccine is recommended or should be considered

Pre-exposure

Persons for whom vaccine is recommended:

-- Health-care workers having blood or needle-stick exposures
-- Clients and staff of institutions for the developmentally disabled
-- Hemodialysis patients
-- Homosexually active men
-- Users of illicit injectable drugs
-- Recipients of certain blood products
-- Household members and sexual contacts of HBV carriers
-- Special high-risk populations

Persons for whom vaccine should be considered:

-- Inmates of long-term correctional facilities
-- Heterosexually active persons with multiple sexual partners
-- International travelers to HBV endemic areas

Post-exposure

-- Infants born to HBV positive mothers
-- Health-care workers having needle-stick exposures to human blood

Post-exposure Prophylaxis of Persons Exposed to HBsAg Positive Needle Sticks

In vaccinated persons who experience percutaneous or needle exposure to HBsAg- positive blood, serologic testing to assess immune status is recommended unless testing within the previous 12 months has indicated adequate level, treatment with HBIG and/or a booster dose of vaccine is indicated, depending on whether vaccination has been completed and whether the person is known to have previously responded to HB vaccine. Detailed recommendations on prophylaxis in this situation are provided in the previous recommendations for HB vaccine.

Important Information Consent Forms for Hepatitis B Vaccine (Rev. 10/87) are available from the Montana Immunization Program. If you would like a supply, please contact the Program at 444-3986 or write to the Montana Immunization Program, Cogswell Building, Room C303, Helena, Montana 59620.

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*Excerpts from Morbidity and Mortality Weekly Report, June 19, 1985 pp. 363-366.

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Volume: 11:11 **Month of:** OCTOBER

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	Campylobacter, diarrhea	Chlamydia, sexually-transmitted	Giardiasis	Gonococcal disease	Haemophilus influenzae meningitis	Hepatitis A	Hepatitis B	Hepatitis, Non-A, Non-B	Hepatitis, unspecified	Meningococcal meningitis	Post-exposure rabies treatment	Rabies in animals	Salmonellosis	Shigellosis	Tuberculosis
Beaverhead		1		1											
Big Horn		5										1			
Blaine		2		2											
Broadwater				1											
Carbon															
Carter															
Cascade		17		4							1				
Chouteau															
Custer				1								1	1		
Daniels															
Dawson															
Deer Lodge															
Fallon												2			
Fergus			1								1				
Flathead		10	5	4	1										
Gallatin	1	34	5	2		1							1	1	
Garfield															
Glacier				2										1	1
Golden Valley															
Granite												1			
Hill		11		4											
Jefferson		1													
Judith Basin															
Lake		1		3		5									
Lewis & Clark	1	10	1	2									1		
Liberty															
Lincoln		6			1		3								
McCone															
Madison															
Meagher															
Mineral															
Missoula	1	22	6	3		1	2				2	1	1	1	
Musselshell											11	1			
Park		1											1		
Petroleum															
Phillips															
Pondera				1											
Powder River															
Powell															
Prairie															
Ravalli	1		3			1									
Richland											9				
Roosevelt		7	1	8								1			
Rosebud			1	3	2										
Sanders		1		1											1
Sheridan			1		1								2		
Silver Bow		4													
Stillwater															
Sweet Grass															
Teton															
Toole															
Treasure															
Valley															
Wheatland												1			
Wibaux													1		
Yellowstone		47		12		1						1	1	1	
MONTHLY TOTAL 19 87	4	190	24	54	5	9	5	0	0	0	24	10	9	4	2
MONTHLY TOTAL 19 86	4	89	34	50	2	9	6	3	1	2	7	12	9	4	2
MONTHLY TOTAL 19 85	4	14	32	96	6	12	3	0	1	1	8	41	5	3	5
TOTAL TO DATE 19 87	33	1446	135	514	17	80	46	9	3	4	108	105	68	27	12
TOTAL TO DATE 19 86	57	521	185	598	22	72	47	9	9	10	109	181	44	16	25
TOTAL TO DATE 19 85	46	102	153	652	24	86	46	7	6	6	131	204	84	52	46

OTHER DISEASES:

Chickenpox: Cascade, 13; Fergus, 1; Gallatin, 3; Judith Basin, 15; Lake, 1; Hib Epiglottitis: Rosebud, 1; Plague: Gallatin, 1

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TB TESTING FILM AVAILABLE

Montana State Department of Health and Environmental Sciences and the Montana Chapter of the American Lung Association have purchased a film on TB skin testing with an overview of the history of tuberculosis. It portrays specifics regarding administering and reading tuberculin skin tests using purified derivative and the mantoux technique.

Call the Helena office of the American Lung Association at 442-6556 and ask for Corrinne to reserve the film. Phone orders for the film should be made between 8:00 a.m. and 3:00 p.m., Monday through Friday. Requests to use the film can also be mailed to the American Lung Association of Montana, 825 Helena Avenue, Helena, Montana 59601, Attention: Corrinne.

Salmonellosis in Eastern Montana

In mid-August a county public health nurse in eastern Montana phoned Montana State Department of Health and Environmental Sciences (MDHES) to report the detection of several cases of Salmonellosis, serogroup C1, occurring in the local nursing home residents. Upon investigation a nursing home employee was found to be symptomatic and a stool specimen was positive for Salmonella C1. A home bound community person, cared for by nursing home staff, also had stool specimens positive for Salmonella C1.

The onsets of cases indicated the likelihood of person to person transmission opposed to a point source. All 39 residents of the nursing home and 42 staff had a specimen submitted to MDHES Public Health Laboratory for analysis. The family members of the one staff person found to be positive for Salmonella each had one specimen submitted for Salmonella testing. In this screening process, three more nursing home residents were found to have Salmonella C1 in their stools. Two of them had one symptom, diarrhea for one and fever for the other, and one was totally asymptomatic. The staff person's family were all negative. All persons who were found to be positive will have repeat testing until they are no longer shedding organisms.

As of 9/25/87, a 42 year old community resident with no known ties to other positive individuals in the nursing home or the one staff member was diagnosed as having Salmonella C1 isolated from his stool.

Several other cases of Salmonellosis have been detected in residents in the farthest eastern counties of the state. One isolate was serogroup C1, same as the ones from the nursing home cohort, but the patient lives approximately 128 miles from the nursing home community and has had no known ties to it. One specimen was processed in a North Dakota laboratory and reported to be Salmonella borkely which is a C2 serogroup.

At this date, no common source for this increase in Salmonellosis cases in eastern Montana has been identified. Onsets are not consistent with a point source but a common source has neither been identified or ruled out.

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Volume: 11:10 **Month of:** ~~August~~

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SEPTEMBER 1987	Campylobacter, diarrhea	Chlamydia, sexually-transmitted	Giardiasis	Gonococcal disease	Haemophilus influenzae meningitis	Hepatitis A	Hepatitis B	Hepatitis, Non-A, Non-B	Hepatitis, unspecified	Meningococcal meningitis	Post-exposure rabies treatment	Rabies in animals	Salmonellosis	Shigellosis	Tuberculosis
Beaverhead															
Big Horn		6										2		1	
Blaine		2		1								1			
Broadwater		1									1				
Carbon															
Carter											1	2			
Cascade		27		14		1									
Chouteau															
Custer															
Daniels															
Dawson													1		
Deer Lodge		1		1	1										
Fallon															
Fergus	1														
Flathead		1	7	1			1								
Gallatin		29	3	2											
Garfield															
Glacier		5		8						1					
Golden Valley															
Granite			1									1			
Hill		4		2											
Jefferson															
Judith Basin															
Lake	1	4		4		5	1		1		1	1	1		
Lewis & Clark		9	3	2			1					2			
Liberty															
Lincoln				1											
McCone															
Madison				1							1				
Meagher															
Mineral															
Missoula		6	3			1									
Musselshell												1			
Park													1		
Petroleum															
Phillips															
Pondera															
Powder River															
Powell		1													
Prairie															
Ravalli				2							1				
Richland													1		
Roosevelt		5	1	4									1		
Rosebud			1												1
Sanders															
Sheridan		1													
Silver Bow		4		1			1						2		
Stillwater															
Sweet Grass															
Teton															
Toole															
Treasure															
Valley															
Wheatland															
Wibaux													2		
Yellowstone		36	2	13								3	1	2	
MONTHLY TOTAL 1987	2	142	21	57	1	7	4	0	1	1	5	13	10	3	1
MONTHLY TOTAL 1986	4	72	43	60	0	7	3	1	0	0	9	8	11	0	4
MONTHLY TOTAL 1985	6	12	25	72	6	19	17	3	2	1	9	25	9	3	0
TOTAL TO DATE 1987	29	1256	111	460	12	70	41	9	4	4	84	95	59	23	10
TOTAL TO DATE 1986	53	432	434	548	20	63	41	6	8	8	97	169	45	12	23
TOTAL TO DATE 1985	42	88	131	557	18	70	34	7	11	5	123	163	79	49	41

OTHER DISEASES: Aseptic Meningitis: Beaverhead, 7; Chickenpox: Flathead, 2; Gallatin, 2; Lake, 2; Encephalitis, Primary: Yellowstone,1; Mumps: Hill, 1; Lake, 1;
CORRECTED REPORT: Delete 3 cases Salmonellosis from Dawson Co., and add 3 to Wibaux Co. for the month of August.

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Return Mailing Supplies

Please return all foam mailing containers and the cardboard sleeves received in vaccine shipping. Reusable ice packs should also be sent back to the Immunization Program, Cogswell Building, Helena, MT 59620. Agencies will be assessed a charge for mailing supplies not returned to the Montana State Department of Health and Environmental Sciences.

Field Health Officer Positions Now In Helena

The Montana Department of Health and Environmental Sciences has had Field Health Officers located in Missoula and Billings. As of September 8, 1987 those positions were relocated to the Helena office. Assistance for communicable disease control to local health care providers throughout the state will still be available similar to that given prior to the move. Requests for assistance should be directed to: Preventive Health Services Bureau
Cogswell Building
Helena, MT 59620
Phone: (406) 444-4740

"Orange Forms" Changed

The Annual Immunization Status Report of Montana Public and Private School Children form is being changed in an effort to make the directions more specific. This form must be submitted by schools to the MDHES Immunization Program in December of each year. The form requires completion of a list of names of students attending school while having less than a full complement of vaccines required by law. The new form will be in county public superintendents' offices in mid-October, 1987 and should be used for this year's report.

"Important Information About Influenza" Forms

The MDHES Immunization Program has camera ready copies of influenza immunization information and consent forms for the 1987-1988 vaccine distribution. The Immunization Program doesn't reproduce these in quantity but will provide a camera ready copy to anyone wishing to have some printed for use in influenza vaccine programs. Contact Dona at (406) 444-3986 to obtain a copy.

Updated Pamphlet from AIDS Project

The Montana AIDS Project is now printing an updated version of their pamphlet, "What Everyone Should Know About AIDS: Information for the General Public" to reflect one change and one addition to the list of HIV antibody testing and counseling sites on the back cover.

A newer pamphlet that the Project has available is titled, "How To Talk To Your Children About AIDS." It was reprinted with the permission of New York University and the Sex Information and Education Council of the United States.

Both pamphlets are available free of charge (in limited quantities) from the Montana AIDS Project, Cogswell Building, Helena, MT 59620.

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Volume: 11:9 **Month of:** AUGUST

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AUGUST 1987	Campylobacter, diarrhea	Chlamydia, sexually-transmitted	Giardiasis	Gonococcal disease	Haemophilus influenzae meningitis	Hepatitis A	Hepatitis B	Hepatitis, Non-A, Non-B	Hepatitis, unspecified	Meningococcal meningitis	Post-exposure rabies treatment	Rabies in animals	Salmonellosis	Shigellosis	Tuberculosis
Beaverhead															
Big Horn		4		2							2	1			
Blaine				4											
Broadwater												1			
Carbon															
Carter															
Cascade		19		14		2	1								
Chouteau															
Custer												1			
Daniels															
Dawson						1							3		
Deer Lodge								1							
Fallon												1			
Fergus												4			
Flathead		5	1	2		1							1		
Gallatin	1	76	2										1		
Garfield															
Glacier		12		5								1			
Golden Valley															
Granite															
Hill		6	2	4									3		
Jefferson															
Judith Basin															
Lake	1	4	1	5		5									
Lewis & Clark		18	1	1											
Liberty															
Lincoln		2													
McCone															
Madison		1		1								1			
Meagher															
Mineral															
Missoula		8	1	2		3	1						2	1	
Musselshell															
Park		2													
Petroleum															
Phillips															
Pondera		1													
Powder River															
Powell		1													
Prairie											2				
Ravalli								1							
Richland															
Roosevelt		2		1		1					1	1	1		
Rosebud				1							3	1			
Sanders												1	1		
Sheridan			1												
Silver Bow														2	
Stillwater															
Sweet Grass															
Teton												1			
Toole															
Treasure												1			
Valley	1	1													
Wheatland															
Wibaux													1		
Yellowstone	4	39	2	18		1	1						1	1	
MONTHLY TOTAL 1987	7	201	11	60	0	14	3	2	0	0	8	15	16	4	0
MONTHLY TOTAL 1986	5	51	20	63	1	6	5	1	1	0	13	11	8	1	3
MONTHLY TOTAL 1985	7	4	11	73	0	4	4	0	2	0	4	9	11	15	5
TOTAL TO DATE 1987	27	1114	90	403	11	63	37	9	3	3	79	82	49	20	9
TOTAL TO DATE 1986	49	391	108	488	20	56	38	5	8	8	88	161	34	12	19
TOTAL TO DATE 1985	36	76	96	485	12	51	17	4	9	4	114	138	70	46	41

OTHER DISEASES: Aseptic Meningitis: Big Horn, 1; Chickenpox: Gallatin, 2; Lake, 1; Colorado Tick Fever: Madison, 1; Silver Bow, 1; Pertussis: Glacier, 1; Rocky Mountain Spotted Fever: Broadwater, 1; Roosevelt, 1; Rubella: Beaverhead, 1; Gallatin, 1: Toxic Shock Syndrome: Beaverhead, 1; Tuleremia: Broadwater, 1: DELAYED REPORT: Delete 1 post-exposure rabies treatment in Lincoln County for the month of July.

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JULY 1987	Campylobacter, diarrhea	Chlamydia, sexually transmitted	Giardiasis	Gonococcal disease	Haemophilus influenzae meningitis	Hepatitis A	Hepatitis B	Hepatitis, Non-A, Non B	Hepatitis, unspecified	Meningococcal meningitis	Post exposure rabies treatment	Rabies in animals	Salmonellosis	Shigellosis	Tuberculosis
Beaverhead				1											
Big Horn		10		1								1			
Blaine		4		1											
Broadwater															
Carbon				1											
Carter															
Cascade		21		4		3							1		
Chouteau															
Custer						1					1			1	
Daniels	1														
Dawson															
Deer Lodge															
Fallon											2				
Fergus			1									1			
Flathead		5	2	1			4								
Gallatin		50	1	2											
Garfield												1			
Glacier		5		5											
Golden Valley															
Granite															
Hill		4	1	1											
Jefferson		1												1	
Judith Basin															
Lake		1		2		7									
Lewis & Clark		12	2	3							1		1		
Liberty															
Lincoln		2		2							1				
McCone												1			
Madison															
Meagher															
Mineral															
Missoula	1	17	5	3		3	2				2		1		
Musselshell				2								1			
Park											1				
Petroleum															
Phillips															
Pondera															
Powder River															
Powell															
Prairie															
Ravalli	1			1											
Richland												1			
Roosevelt		6		12								1	1		
Rosebud				5							2	1			
Sanders												1			
Sheridan											1				
Silver Bow		4		1							2				
Stillwater										1					
Sweet Grass															
Teton				1							1				
Toole															
Treasure															
Valley	2													1	
Wheatland															
Wibaux										1					
Yellowstone	1	34		11									1		
MONTHLY TOTAL 1987	6	176	12	60	0	14	6	0	0	1	14	9	5	3	0
MONTHLY TOTAL 1986	13	48	27	71	1	22	8	0	0	1	16	8	5	1	5
MONTHLY TOTAL 1985	2	14	13	73	3	2	3	1	1	0	12	19	9	9	5
TOTAL TO DATE 1987	20	913	79	343	11	49	34	7	3	3	72	67	33	16	9
TOTAL TO DATE 1986	44	340	88	425	19	50	33	4	7	8	75	150	26	11	16
TOTAL TO DATE 1985	29	72	86	412	12	51	17	4	7	4	110	129	59	31	36

OTHER DISEASES: Aseptic Meningitis: Gallatin, 1; Silver Bow, 1; Yellowstone, 1; Bacterial Meningitis Unspecified: Missoula, 1; Chickenpox: Dawson, 2; Gallatin, 1; Measles, Indiginous: Big Horn, 3; Cascade, 4; Hill, 4; Yellowstone, 1; Ornithosis: Yellowstone, 1; Pertussis: Cascade, 1; Chouteau, 1; Rocky Mountain Spotted Fever: Gallatin, 1, Ravalli, 1; Rubella: Big Horn, 1; Broadwater, 1; Roosevelt, 1

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Volume: 11:8 Month of: JULY 19

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PREVENTION AND CONTROL OF INFLUENZA*

These recommendations update information on the vaccine and antiviral agent available for the control of influenza for the 1987 influenza season. They supersede the recommendations published in May 1986 (MMWR 1986; 3S:317-26,331). Changes include: 1) Updating the influenza strains in the trivalent vaccine for 1987-88, 2) extending the recommendation for vaccination of persons in households with a high-risk person, and 3) revising precautions for use of amantadine hydrochloride.

OPTIONS FOR THE CONTROL OF INFLUENZA

There are two measures for reducing the impact of influenza: immunoprophylaxis with inactivated (killed virus) vaccine and chemoprophylaxis or therapy with an antiviral drug. Vaccination of high-risk persons each year before the influenza season is the single most important measure for reducing the impact of influenza.

When outbreaks of influenza A do occur in closed populations, they may be stopped by chemoprophylaxis of all residents. Other indications for prophylaxis (whether with vaccine or antiviral drug) include the strong desire of any person to avoid an influenza infection, reduce the severity of disease, or reduce their chances of transmitting influenza to high-risk persons with whom they have frequent contact. Unlike immunization, which protects against influenza types A and B, chemoprophylaxis is effective only against influenza A.

RECOMMENDATIONS FOR USE OF INACTIVATED INFLUENZA VACCINE

Influenza vaccine is recommended for high-risk persons $\geq$ six months of age and for their medical-care providers or household contacts, for children and teenagers receiving long-term aspirin therapy, and for other persons wishing to reduce their changes of acquiring influenza.

Remaining 1986-87 vaccine should not be used. Therefore, a history of vaccination in any previous year with a vaccine containing one or more antigens included in the current vaccine does not preclude the need to be revaccinated for the 1987-88 influenza season.

GROUPS AT GREATEST MEDICAL RISK OF INFLUENZA-RELATED COMPLICATIONS

1) Adults and children with chronic disorders of the cardiovascular or pulmonary systems requiring regular medical follow-up or hospitalization during the preceding year.

2) Residents of nursing homes and other chronic-care facilities housing patients of any age with chronic medical conditions.

GROUPS AT MODERATE MEDICAL RISK OF INFLUENZA-RELATED COMPLICATIONS.

1) Otherwise healthy individuals $\geq$ 65 years of age.

2) Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, anemia, or immunosuppression.

3) Children and teenagers (six months through 18 years of age) who are receiving long-term aspirin therapy and, therefore, may be at risk of developing Reye's syndrome following influenza infection.

GROUPS POTENTIALLY CAPABLE OF NOSOCOMIAL TRANSMISSION OF INFLUENZA TO HIGH-RISK PERSONS.

1) Physicians, nurses, and other personnel having extensive contact with high-risk patients (e.g., primary-care and certain specialty clinicians and staff of chronic-care facilities and intensive-care units, particularly neonatal intensive-care units.

2) Providers of care to high-risk persons in the home setting (e.g., visiting nurses, volunteer workers) as well as all household members, whether or not they provide care.

GENERAL POPULATION: Physicians should administer vaccine to any persons wishing to reduce their chances of acquiring influenza infection. Persons providing essential community services (e.g., employees of fire and police departments) are not considered at increased occupational risk of serious influenza illness, but they may be considered for vaccination programs designed to minimize disruption of essential services during severe epidemics.

PERSONS WHO SHOULD NOT BE VACCINATED

Inactivated influenza vaccine should not be given to persons who have severe allergies to eggs. Normally, persons with acute febrile illnesses should not be vaccinated until their temporary symptoms have abated.

TIMING OF INFLUENZA VACCINATION ACTIVITIES

November is the optimal time for organized vaccination campaigns in chronic-care facilities, worksites, and other places where high-risk persons are routinely accessible. Vaccination is desirable in September or October 1) in regions that have experienced earlier-than-normal epidemic activity (e.g., Alaska) and 2) for persons who should be vaccinated and who received medical check-ups or treatment during September and October and, thus, may not be seen in November. In addition, hospitalized high-risk adults and children who are discharged between September and the time influenza activity begins to decline in their community should be vaccinated as part of the discharge procedure.

Children who have not been previously vaccinated require two doses of vaccine with at least one month between doses. Vaccination programs for children should be scheduled so that the second dose can be given before December.

AMANTADINE PROPHYLAXIS RECOMMENDATIONS

Although amantadine is not a substitute for vaccination, it is recommended for prophylaxis under specific circumstances, particularly for control of presumed influenza A outbreaks in institutions housing high-risk persons. To reduce the spread of infection, the drug should be given as early as possible after recognition of an outbreak. Contingency planning for influenza outbreaks in institutions is needed to establish specific steps for rapidly administering amantadine to residents of chronic-care facilities when appropriate.

*Morbidity and Mortality Weekly Report, June 26, 1987 excerpt

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The Preventive Health Services Bureau has been receiving calls from parents and day care personnel with concerns about children who are or may be infectious with Hepatitis B. Children being adopted from countries with high Hepatitis B incidence have prompted most of the questions. Excerpts from an article on this subject printed in the Pediatric Infectious Disease Journal are presented below (1).

> "Intercountry adoption can fulfill both the needs of homeless children and the desires of adoptive parents, but the American Academy of Pediatrics cautions that children from other countries may arrive with health problems. Common diseases indigenous to the country of origin include intestinal parasites, tuberculosis, anemia, malaria and hepatitis B virus (HBV) infection, the subject of this article.
>
> In most countries in Eastern Asia and Sub-Saharan Africa, the prevalence of HBsAg is high (10 to 15%), and the majority of the population becomes infected with the virus during the first decade of life, due to spread from HBV carrier mothers to their infants or child-to-child transmission. In other parts of the world, including much of Central and South America, HBV is moderately endemic (1 to 4% HBsAg-positive) and acquisition of disease shows a pattern intermediate between the low and high endemicity populations.
>
> Ten countries are now the source of over 90% of the immigrant orphans who come to the United States. In 1985 South Korea was the country of origin of 61% of these children. HBV is highly endemic in South Korea and the Philippines and moderately endemic in most of the other source countries. Four studies have directly investigated the prevalence of HBsAg in Korean and Indian immigrant orphans, confirming high HBV carrier rates, which ranged from 2.8 to 7% (A. Friede, M.D., personal communication). Children born in Vietnam, the source of most unaccompanied refugee minors, are also more likely to be HBsAg-positive; rates are usually 5%.
>
> Fortunately through education regarding mechanisms of disease transmission, implementation of environmental and personal hygiene recommendations, the use of HB vaccine when warranted and the occasional use of HB immune globulin (HBIG) after exposures, the carrier child can be safely integrated in all settings."

The article gives general information about Hepatitis B virus transmission and information concerning risk of disease transmission in specific settings. Health care providers receiving questions about the issue or who are aware of adoption of foreign children by families in their jurisdiction may find this article helpful.

(1) Hershow, Ronald, et al. Adoption of Children from Countries with Endemic Hepatitis B: Transmission Risks and Medical Issues, Vol. 6, No. 5, 1987.

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Beaverhead															
Big Horn		6		4						1		1			
Blaine		8		2											
Broadwater															
Carbon															
Carter															
Cascade		20		22	1	1									
Chouteau												1			
Custer				1											
Daniels															
Dawson												2			
Deer Lodge															
Fallon											1	2			
Fergus		2										1			
Flathead	2	9		1		2	1						3		
Gallatin		32	3			1									
Garfield															
Glacier		3		7											
Golden Valley															
Granite															
Hill		4	1	5											
Jefferson														1	
Judith Basin												1			
Lake				2							2				
Lewis & Clark		12	2	3											
Liberty				1											
Lincoln		1													
McCone															
Madison															
Meagher													1		
Mineral															
Missoula		11	2			3				1			1		
Musselshell												2			
Park	1						1								
Petroleum															
Phillips															
Pondera											1	1	1		
Powder River															
Powell															
Prairie															
Ravalli					1	1									
Richland											11				
Roosevelt		2		5							1				1
Rosebud				1								2			
Sanders															
Sheridan															
Silver Bow		4		1											
Stillwater														1	
Sweet Grass															
Teton															
Toole															
Treasure															
Valley															
Wheatland	1														
Wibaux												1			
Yellowstone	2	30	1	5			1		1						
MONTHLY TOTAL 1987	6	144	9	60	2	8	3	0	1	2	16	14	6	2	1
MONTHLY TOTAL 1986	12	55	16	64	2	1	6	2	1	0	10	15	0	1	3
MONTHLY TOTAL 1985	5	8	15	51	1	5	2	0	1	0	8	12	3	3	1
TOTAL TO DATE 1987	14	737	67	283	11	35	28	7	3	2	58	100	28	13	9
TOTAL TO DATE 1986	31	292	61	354	18	28	25	4	7	7	59	141	21	10	11
TOTAL TO DATE 1985	27	58	73	339	9	49	14	3	6	4	98	110	50	22	31

OTHER DISEASES: Amebiasis: Missoula, 1; Aseptic Meningitis: Missoula, 1; Chickenpox: Dawson, 5; Gallatin, 1; Lake, 32; Yellowstone, 2; Colorado Tick Fever: Park, 1; Legionellosis: Rosebud, 1; Measles, Indigenous: Big Horn, 1; Blaine, 1; Carbon, 1; Cascade, 10; Hill, 10; Lake, 1; Liberty, 1; Yellowstone, 22; Rocky Mntn Spotted Fever: Mineral, 1; Missoula, 2; Roosevelt, 1; Rubella: Meagher, 1; Missoula, 2; DELAYED REPORT: Delete 1 post-exposure rabies treatment from Rosebud County for January.

Tuberculosis Skin Test Procedures and Products -- Judith Gedrose

Many questions come to the Preventive Health Services Bureau regarding the appropriate tuberculosis skin testing procedures and products for various situations. Employees of medical care facilities and residents of long-term care facilities must be tested upon their association with a health care facility and annually thereafter. Employees of schools and day cares must be tested upon employment in a specific facility. They need no retesting unless they are exposed to communicable tuberculosis or change the site of employment.

The incidence of tuberculosis in Montana does not warrant mass screening of the general population. The groups cited above, health care workers, long-term care residents and school and day care employees, are tested for a specific reason. Therefore, multi-puncture tuberculin skin testing devices designed for mass screening are not appropriate. The groups targeted specifically should be tested with tuberculin purified protein derivative injected intradermally. Multipuncture devices encompass all other tuberculin skin testing methods; these are devices such as Tine Tests, Monovac Tests and Sclavo Tests*. Multi-puncture tests should never be used for tuberculosis case/contact skin testing.

Specific information about using PPD intradermally are listed below:

- The intradermal Mantoux test -- not a multiple puncture test -- should be used to determine if tuberculosis infection has occurred.
- The Mantoux test is performed by the intradermal injection of 0.1 ml of tuberculin PPD containing 5 TU (tuberculin units) into either the volar or dorsal surface of the forearm.
- The injection should be made with a short (1/2 inch) 26 or 27 gauge needle, preferably with a disposable tuberculin syringe. A sterile syringe and needle should be used for each injection.
- The injection should be made just beneath the surface of the skin, with the needle bevel facing upward to produce a discrete, pale elevation of the skin (a wheal) 6 mm to 10 mm in diameter.
- The Mantoux test should be read 48 to 72 hours after the injection. However, if the patient fails to show up for the scheduled reading, significant reactions are likely to still be measurable up to one week after testing.
- The reading should be based on measurement of induration. Erythema without induration is not considered evidence of tuberculosis infection. The diameter of induration should be measured transversely to the long axis of the forearm and recorded in millimeters.
- If the skin test is to be repeated for any reason, use 5 TU PPD for the retest.
- Normally, persons with a tuberculin reaction equal to or greater than 10 millimeters should be considered infected; however, persons who are close contacts of infectious cases or who have abnormal chest radiographs consistent with tuberculosis are considered infected if their tuberculin reactions are 5 millimeters or greater (1).

*Brand names are used for identification purposes only.

(1) U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Tuberculosis Policy Manual, August 1986, pp. IV-3 - IV-4.

ATTENTION VACCINE USERS:

Remember -- place vaccine orders NOW for sufficient inventory to get you through September. Vaccine will not be shipped during July and August.

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Volume: 11:6 **Month of:** MAY 1987

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	Campylobacter, diarrhea	Chlamydia, sexually-transmitted	Giardiasis	Gonococcal disease	Haemophilus influenzae meningitis	Hepatitis A	Hepatitis B	Hepatitis, Non-A, Non-B	Hepatitis, unspecified	Meningococcal meningitis	Post-exposure rabies treatment	Rabies in animals	Salmonellosis	Shigellosis	Tuberculosis
Beaverhead											2				
Big Horn		3		2		1						1			
Blaine		5													
Broadwater															
Carbon															
Carter												1			
Cascade		21		16			1				1		5		
Chouteau															
Custer				1											
Daniels															
Dawson															
Deer Lodge															
Fallon											3	2			
Fergus											1	1	2		
Flathead		4	2												
Gallatin	2	30			1		1				1		1		
Garfield															
Glacier		4		2			1								
Golden Valley															
Granite															
Hill		5	1	3			1								
Jefferson															
Judith Basin												1			
Lake		1				1									
Lewis & Clark		18	2	5											
Liberty															
Lincoln			2												
McCone												1			
Madison															
Meagher															
Mineral													1		
Missoula	1	15		4		3									
Musselshell												1	1		
Park							1								
Petroleum															
Phillips															
Pondera												1			
Powder River															
Powell					1		1								
Prairie															
Ravalli													1		
Richland															
Roosevelt		1									1				
Rosebud				2							1				
Sanders															
Sheridan												1			
Silver Bow		3									1				
Stillwater															
Sweet Grass															
Teton															
Toole											3	1			
Treasure								1							
Valley											1	1			
Wheatland															
Wibaux											4	6			
Yellowstone	3	34	1	6			2		1						
MONTHLY TOTAL 19 87	6	144	8	41	2	5	8	1	1	0	19	18	11	0	0
MONTHLY TOTAL 19 86	2	81	8	59	3	2	4	0	1	2	11	23	3	0	1
MONTHLY TOTAL 19 85	3	15	8	49	3	9	1	0	0	0	3	29	11	1	9
TOTAL TO DATE 19 87	8	593	58	223	9	27	25	7	2	0	43	86	22	11	8
TOTAL TO DATE 19 86	20	237	45	290	17	26	20	2	7	7	50	126	21	9	30
TOTAL TO DATE 19 85	22	50	58	288	8	44	12	3	5	4	90	98	47	19	30

OTHER DISEASES: Rocky Mountain Spotted Fever: Ravalli, 1; Aseptic Meningitis: Beaverhead,1; Missoula, 1; Chickenpox: Dawson, 24; Gallatin, 11; Lake, 152; Park, 1; Pondera, 9; Roosevelt, 1; Yellowstone, 45; Mumps: Fergus, 1; Gallatin, 1; Rosebud, 2; Pertussis: Cascade, 1; Measles, Indig.: Cascade, 50; Carbon, 1; Hill, 1; Yellowstone, 4; Colorado Tick Fever: Park, 1; Ravalli, 1; Strep Pneumo Meningitis: Flathead, 1; Early Latent Syphilis <1 yr: Cascade, 1; Primary Syphilis: Yellowstone, 1

MEASLES (RUBEOLA) -- STATEWIDE

Since the first week of April when the Montana Department of Health and Environmental Sciences (MDHES) Microbiology Laboratory reported acute and convalescent serum specimens indicative of recent measles (rubeola) in a Great Falls teenager, Montana has been experiencing continued cases. The largest concentration of cases has been in Great Falls where six generations of the disease have occurred, and Billings where four generations have occurred. Sporadic cases have been laboratory confirmed in Broadview, Red Lodge and St. Ignatius. Epidemiologically linked and suspect cases meeting the Centers for Disease Control definition have been identified in at least Pryor, Crow Agency, Missoula, Havre, Shelby, Bozeman, Whitefish, Kalispell, Ravalli, Ronan, Chinook and White Sulphur Springs. In essence, Montana is having a statewide measles outbreak. Cases are known to have been in attendance at gatherings such as High School Week in Bozeman, Carroll College commencement, Plevna High School commencement, and other large gatherings.

Cases have occurred in college and university students and therefore increase the risk of exportation to other states. An immunized Rocky Mountain College student (Billings) subsequently became a measles case after return to her home in North Dakota. MDHES has worked with the affected local health departments in towns with cases to identify susceptibles and vaccinate them and states who have students attending Montana schools with measles are being notified.

Measles has an incubation period from exposure to symptoms of 10-12 days. Rash onset occurs at 14 days post-exposure. During the prodromal period prior to rash, fever increases in step-wise fashion often peaking at 103-105°F. Cough, coryza and conjunctivitis are usual signs during the pre-rash period following infection. A distinctive sign of measles is Koplik's spots. These are punctate blue-white spots on bright red background on the buccal mucosa. Koplik's spots may look like salt grains on the mucus membranes of the mouth.

Measles rash is maculo-papular and always lasts at least 3 days. Rash first appears on the face, hairline, forehead, ear lobes, and/or upper neck. The rash proceeds downward and outward and eventually reaches the hands and feet. Upper body lesions are blotchy and will blanch upon finger pressure for the first 3-4 days they are present. Desquamation can appear over the severely involved rash areas. The rash fades from head to feet.

Persons who received killed measles virus may have an "atypical measles syndrome" when exposed to natural measles. 600,000 to 900,000 persons received killed measles virus in the U.S. from 1963 to 1967. These persons may present with fever, pneumonia, pleural effusions, and/or edema. The rash may appear more urticarial such as in hives. There may be petechiae and occasionally vesicles unlike typical measles. Atypical measles syndrome may be prevented by revaccinating with live vaccine those persons vaccinated with killed vaccine. Modified measles occurs in patients who received immune globulin as post-exposure prophylaxis and in young infants who have some residual maternal derived antibody. Modified measles is characterized by prolonged incubation period, and a mild prodrome. The rash may be sparse and of short duration.

Health care providers seeing children in Montana with rash illnesses should be highly suspicious of measles (rubeola) at this point in time. Acute and convalescent blood specimens should be collected from the individuals and the specimens submitted to Montana State Department of Health and Environmental Sciences, Microbiology Laboratory. The viral request form should contain information regarding the date of rash onset, the date the specimens were obtained, and as much pertinent information about the case as possible. County health departments and Montana State Department of Health and Environmental Sciences, Immunization Program should be notified immediately upon suspicion of a measles case occurring. The Immunization Program number is 444-4740.

Persons suspected of having measles should be instructed to remain at home and restrict their contact with persons who may not be immune. Upon notification of the local and state health departments, a contact investigation will be implemented and timeliness is of the essence. Persons immunized within 72 hours of face-to-face contact with a measles case may well be prevented from developing the disease. However, the airborne nature of measles makes the likelihood of transmission, even in a large gathering, extremely possible for unimmunized persons exposed to infectious cases.

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APRIL 1987	Campylobacter, diarrhea	Chlamydia, sexually-transmitted	Giardiasis	Gonococcal disease	Haemophilus influenzae meningitis	Hepatitis A	Hepatitis B	Hepatitis, Non-A, Non-B	Hepatitis, unspecified	Meningococcal meningitis	Post-exposure rabies treatment	Rabies in animals	Salmonellosis	Shigellosis	Tuberculosis
Beaverhead															
Big Horn		2		1								1			
Blaine		1		1								1			
Broadwater															
Carbon															
Carter															
Cascade		18	1	15			2								
Chouteau															
Custer				2								2			
Daniels												3			
Dawson	1			2											
Deer Lodge															
Fallon											2				
Fergus											2	4			
Flathead		8	4			3									
Gallatin		34	2	1											
Garfield															
Glacier		6	1	4											
Golden Valley												1			
Granite															
Hill		5		3									1		
Jefferson															
Judith Basin															
Lake		1		1		1									
Lewis & Clark		10	4	1											
Liberty				1											
Lincoln															
McCone												1			
Madison															
Meagher															
Mineral															
Missoula		15	1	4		1	5								
Musselshell															
Park															
Petroleum															
Phillips												1			
Pondera															
Powder River												1			
Powell															
Prairie															
Ravalli			1	1											
Richland							1								
Roosevelt		2		2								2			
Rosebud												1			
Sanders			1												
Sheridan			2									2			
Silver Bow		4		1		3							1		
Stillwater															
Sweet Grass															
Teton															
Toole												2			
Treasure											5	1			
Valley												1			
Wheatland															
Wibaux												1			
Yellowstone		26		4			1	1							
MONTHLY TOTAL 1987	1	132	17	44	0	8	9	1	0	0	9	25	2	0	0
MONTHLY TOTAL 1986	5	62	15	63	6	8	6	1	4	1	7	41	3	2	2
MONTHLY TOTAL 1985	5	14	18	56	2	14	2	1	1	1	7	23	9	1	3
TOTAL TO DATE 1987	2	449	50	182	7	22	17	6	1	0	24	68	11	11	8
TOTAL TO DATE 1986	18	156	37	231	14	24	16	3	6	5	39	103	18	9	7
TOTAL TO DATE 1985	19	35	50	239	5	35	11	3	5	4	87	67	36	18	21

OTHER DISEASES: Aseptic Meningitis: Sweet Grass,1; Chickenpox: Carter,1; Dawson,27; Fergus,2; Flathead,3; Gallatin,8; Lake,120; Pondera,3; Yellowstone,48; Pertussis: Lake,1; Tularemia: Missoula, 1; Rocky Mtn Spotted Fvr: Missoula,1; Measles, indig.: Cascade, 17; AIDS: Cascade,1; Mycoplasma Pneumonia: Liberty,1

DELAYED REPORTS: Delete 1 case Hepatitis B from both Lake and Custer Counties

RABIES VACCINE IMOVAX RABIES I.D.
Pre-Exposure Use Only by the Intradermal Route (I.D.)

The vaccine contains no preservative or stabilizer. It should be used immediately after reconstitution.

The definition of a minimally acceptable antibody titer varies both among laboratories and according to the purposes for which immunization is given. The Centers for Disease Control currently specifies virus neutralization at a 1:5 serum dilution in the rapid fluroescent focus inhibition test as an acceptable response to pre-exposure immunization.

Pre-exposure immunization should be considered for persons in high-risk groups whose vocational pursuits bring them into contact with potentially rabid animals. For persons travelling abroad into endemic areas, human diploid cell vaccine may be administered by the I.D. dose and route if the three dose series is completed 30 days or more before departure. If pre-exposure vaccination is performed for travellers at other times, a vaccine intended for intramuscular use should be used.

After a rabies exposure, pre-exposure vaccine simplifies therapy by eliminating the need for globulin and decreasing the number of doses of vaccine needed. Pre-exposure immunization does not eliminate the need for prompt prophylaxis following an exposure. Post-exposure vaccination for those receiving either IM or intradermal pre-exposure vaccine requires one milliliter HDCV on day zero and day three.

Pre-exposure immunization consists of a total of three doses of HDCV given on days 0, 7, 21 or 28. Each dose is 0.1 given intradermally in the deltoid area of either arm. Administration of booster doses of vaccine following primary three dose immunization depends on exposure risk categories. Persons with continuous risk such as those working in laboratories, should have a serology every six months and a booster based on their antibody titer. People with frequent risk of being exposed to rabies such as those working in laboratories, veterinarians, and animal control people should have a booster or serology every two years. Persons with infrequent risk such as those working in low endemicity areas have no need for routine boosters or serologies.

The full 0.1 milliliter should be given intradermally. A wheal, approximately 10 millimeters should be evident in the skin at the site of injection. A significant increase has been noted in "immune complex like" reactions in persons receiving booster doses of HDCV by the intradermal or intramuscular route. The illness characterized by onset 2-21 days post-booster presents with a generalized urticaria and may also include athralgia, arthritis, angioedema, nausea, vomiting, fever and malaise. Preliminary data suggests this immune complex like "illness may occur in up to 6% of persons receiving booster doses of rabies vaccines and much less frequently in persons receiving primary immunization". There is preliminary evidence that beta propiolactone altered human albumin induces most of the allergic reactions. Persons who travel from the U.S. to developing countries and receive their pre-exposure vaccination abroad or within 30 days before leaving, should be immunized by the intramuscular route. All serious reactions to rabies vaccine should be reported immediately to the state health department at 444-4740.

Persons previously vaccinated successfully against rabies and who come in contact with a rabid or potentially rabid animal should have the wounds cleansed and receive a post-exposure dose of 1.0 ml of rabies vaccine intramuscularly followed by a second 1.0 ml dose on day three. Intradermal immunization must not be used. Rabies immune globulin should NOT be given.

Antimalaria drugs such as Chloroquine have been associated with a reduction in the antibody response to rabies vaccine administered by the intradermal route. Although it is apparent that antimalaria agents are not the sole factor responsible for the reduced antibody response; it is recommended that persons on cortico-steroids and other immunosuppressive drugs receive rabies vaccine (3 doses/1.0 ml each) by the intramuscular route until more definitive data is available. Persons with questions about the intradermal rabies vaccine should address them to the Communicable Disease Program, Montana State Department of Health and Environmental Sciences, 444-4740.

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Beaverhead		1													
Big Horn		2		1								1			
Blaine		2										2			
Broadwater															
Carbon															
Carter															
Cascade		20		6			1						1		2
Chouteau															
Custer				1							1	1			
Daniels												1			
Dawson															
Deer Lodge					1										1
Fallon											1				
Fergus												3			
Flathead		3		1		1									1
Gallatin		18	2	1							1				
Garfield															
Glacier		5	1	2											
Golden Valley															
Granite															
Hill		5	2			1	1								
Jefferson															
Judith Basin															
Lake			1	3			1						1		
Lewis & Clark		7	3	1										4	
Liberty															
Lincoln															
McCone															
Madison															
Meagher															
Mineral						1									
Missoula		11	4			1		3					1		
Musselshell															
Park															
Petroleum															
Phillips												1			
Pondera			1		1							2			
Powder River												1			
Powell															
Prairie															
Ravalli														1	
Richland															
Roosevelt				6								3	1		
Rosebud												3			
Sanders															
Sheridan												3			
Silver Bow		1	3			1	1				1				1
Stillwater															
Sweet Grass															
Teton															
Toole												4			
Treasure															
Valley															
Wheatland															
Wibaux												2			
Yellowstone		29		5		1			1		1				1
MONTHLY TOTAL 1987	0	104	17	27	2	6	4	3	1	0	5	27	4	5	6
MONTHLY TOTAL 1986	1	37	6	63	4	2	1	1	1	0	10	13	3	3	3
MONTHLY TOTAL 1985	3	4	8	67	1	1	4	0	1	0	25	14	10	3	11
TOTAL TO DATE 1987	1	317	33	138	7	14	10	5	1	0	15	43	9	11	8
TOTAL TO DATE 1986	13	94	22	168	8	16	10	2	2	4	32	62	15	7	5
TOTAL TO DATE 1985	14	21	32	183	3	21	9	2	4	1	80	46	27	17	18

OTHER DISEASES:

Syphilis: Silver Bow, 1 early latent <1 yr.; Lewis & Clark, 1 primary military; Jefferson, 1 secondary; Strep pneumo meningitis: Roosevelt, 1; Cryptococcal meningitis: Yellowstone, 1; Chickenpox: Dawson, 48; Fergus, 1; Flathead, 10; Gallatin,1; Lake, 61; Yellowstone, 37; Pertussis: lake, 1; Ornithosis: Yellowstone, 1; Measles, imported: Glacier, 1

RECENT SYPHILIS IN MONTANA

by Bruce Desonia

As of March 11, nine (9) cases of early syphilis have been reported in Montana since January 1, 1987. This is a significant increase in cases for a nine week period, considering Montana's total number of cases for recent years has been: 1986 - 12; 1985 - 6; 1984 - 9; 1983 - 6; 1982 - 11. Ages range between 18 and 40 years with the median age being 26 years. Five cases were reported from Gallatin County, two in Flathead County, one in Missoula County and one in Silver-Bow County. Three cases were primary syphilis, four cases were secondary and two were early latent syphilis. Four patients were male and five were females. All nine of the current cases have been interviewed, with 30 contacts in Montana being referred for examination and 16 contacts being referred in seven other states. Two cases report a history of prostitution. With premarital screening no longer required in Montana and hospital admission screening seldom done, case reporting and follow up is essential.

Clinical Aspects

In the primary stage, the first indication is the development of a chancre. Chancres appear between 10 and 90 days after contact. The average incubation period is three weeks. Chancres develop at the site of treponemal inoculation. Although chancres are most commonly found in the genital area, extragenital chancres, especially anorectal lesions, are increasingly common; any persistent, indurated, or erosive lesion in the anogenital areas should be suspect. Extragenital chancres are frequently atypical. Untreated, a chancre will persist for two to eight weeks and then spontaneously disappear.

In the secondary stage, approximately six weeks after the chancre first appears, untreated patients may reveal a variety of symptoms, including: malaise, fever, sore throat, headache, hoarseness, anorexia, and athralgia. Skin lesions of secondary syphilis may erupt in a variety of patterns, with the most common cutaneous lesions being classic papulosquamous. The lesions are usually widespread in distribution. Often, the palms and soles are involved. The initial secondary symptoms disappear spontaneously within 2-6 weeks, although relapses are not uncommon. Latency sometimes continues through life and spontaneous recovery may occur.

Laboratory tests

Darkfield examination remains the best diagnostic tool available in primary syphilis. A nontreponemal serologic test for syphilis may not become reactive for 1-2 weeks after onset of the primary chancre. A reactive test result in a low prevalence population like Montana will have a low predictive value; many of the results will be false-positive. A followup test should be obtained from a patient with an unexpectedly reactive nontreponemal test, and should be tested with the treponemal test, such as the FTA-ABS. Nontreponemal tests are virtually 100% sensitive in secondary syphilis.

VDRL or RPR screening is appropriate for persons who are likely to have had multiple sex partners over short periods of time, such as male and female prostitutes, homosexual men who attend bathhouses, and patients seen for STDs other than syphilis. Routine screening should also be used for pregnant women, in the first and third trimester, as a means of preventing congenital syphilis.

References

1. Knox, J., Rudolph, A.: Acquired Infectious Syphilis, in Sexually Transmitted Diseases, editors K. Homes et al (McGraw Hill Company, 1984).

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MONTANA MORBIDITY REPORT. Pub. No. 397830. Published monthly with an extra issue for March by the Health Services Division of the Department of Health and Environmental Sciences, Cogswell Building, Helena, MT 59620.

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FEBRUARY 1987	Campylobacter, diarrhea	Chlamydia, sexually-transmitted	Giardiasis	Gonococcal disease	Haemophilus influenzae meningitis	Hepatitis A	Hepatitis B	Hepatitis, Non-A, Non-B	Hepatitis, unspecified	Meningococcal meningitis	Post-exposure rabies treatment	Rabies in animals	Salmonellosis	Shigellosis	Tuberculosis
Beaverhead			1												
Big Horn		2		3	1							1			
Blaine		1	1	3							1	1		1	
Broadwater															
Carbon															
Carter												1			
Cascade		17		8											
Chouteau															
Custer												1			
Daniels												1			
Dawson				5											
Deer Lodge				2											
Fallon															
Fergus			1									1			
Flathead		5		1											
Gallatin		20	3	7											
Garfield															
Glacier		1		4											
Golden Valley															
Granite															
Hill			2	4											
Jefferson															
Judith Basin												1			
Lake															
Lewis & Clark		7	1	3									1	1	
Liberty															
Lincoln				1											
McCone															
Madison			1												
Meagher															
Mineral															1
Missoula		5		2			3								
Musselshell															
Park		1													
Petroleum															
Phillips															
Pondera					1										
Powder River												1			
Powell															
Prairie															
Ravalli															
Richland															
Roosevelt		1	1	3			1				1		1		1
Rosebud											1				
Sanders															
Sheridan												1			
Silver Bow		1				1								1	
Stillwater															
Sweet Grass															
Teton															
Toole												1			
Treasure															
Valley															
Wheatland															
Wibaux															
Yellowstone		27	1	8		1		1					1	1	
MONTHLY TOTAL 19 87	0	88	12	54	2	2	4	1	0	0	3	10	3	4	2
MONTHLY TOTAL 19 86	3	35	5	44	2	4	3	0	0	3	6	15	5	1	1
MONTHLY TOTAL 19 85	8	11	12	63	1	9	3	1	2	1	27	21	5	7	5
TOTAL TO DATE 19 87	1	213	16	111	5	8	6	2	0	0	10	16	5	6	2
TOTAL TO DATE 19 86	12	57	16	105	4	14	5	1	3	4	22	42	12	4	2
TOTAL TO DATE 19 85	11	17	24	116	2	20	5	2	3	3	55	31	7	14	7

OTHER DISEASES: Chickenpox: Dawson, 16; Fergus, 10; Hill,2; Lake, 23; Wheatland, 1; Yellowstone,1; AIDS: Lake, 1; Bacterial Meningitis Unspecified: Gallatin, 1; Secondary Syphillis: Flathead, 2; Gallatin, 1; Primary Syphillis: Gallatin, 1; Early latent Syphillis >1 year; Yellowstone,1; PPNG: Hill, 1

DELAYED REPORTS:

Functions of State Health Departments

Each state and territory, including Montana, has vested one agency with the primary legal responsibility for overseeing the public's health and providing leadership in matters relating to the health of the public. In general terms, the following are responsibilities of state health departments:

1. To assure the adequacy and standards of personal health services to all the citizens throughout the state.

2. To develop effective relationships with the elected officials and bodies of the state government in order to represent public health interests and goals to them and to obtain both the necessary legal basis and funds for meeting its responsibilities.

3. To provide leadership in a multiagency framework of health services that can offer guidance to agencies in the fulfillment of their services and goals.

4. To support a division of responsibilities between state and local health agencies.

5. To provide assistance and guidance to local communities and their health agencies by the allocation of state and federal grants for health programs.

6. To maintain surveillance of the health status of Montana in order to respond promptly and effectively both to emergencies and to emerging problems.

7. To promote and develop statewide plans, objectives and programs that will provide maximum health benefit at both the state and local levels.

8. To work with federal health agencies in the development of national health policies, and to make most efficient use of federal funds for the continuation of necessary existing programs and the stimulation and development of new activities.

9. To develop and maintain effective cooperative relationships with voluntary health and human welfare agencies and with appropriate pertinent professional organizations.

10. To encourage public or consumer involvement in the study of health problems and in developing programs and policies for their resolution.

11. To conduct a vigorous and effective health information and education program throughout the state.

12. To promote quality professional education in cooperation with the existing organizations and institutions.[1]

Public health activities are specifically those activities that the public as individuals and the private service providers cannot do because they do not have the expertise, authority or resources. These activities are vital to the health of the people of the state.

[1]An Official Policy Statement of the American Public Health Association, 1969.

Important Information Forms in Languages Other Than English

MDHES' Immunization Program has Important Information Forms available written in Chinese, French, Spanish and Vietnamese. The forms are for use with the following list of vaccines:

Measles-Mumps-Rubella
Diphtheria-Tetanus-Polio
Hib polysaccharide vaccine

JG/war-051b

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Volume: 11:1 **Month of:** JANUARY 1987

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JANUARY 1987	Campylobacter, diarrhea	Chlamydia, sexually-transmitted	Giardiasis	Gonococcal disease	Haemophilus influenzae meningitis	Hepatitis A	Hepatitis B	Hepatitis, Non-A, Non-B	Hepatitis, unspecified	Meningococcal meningitis	Post-exposure rabies treatment	Rabies in animals	Salmonellosis	Shigellosis	Tuberculosis
Beaverhead		1						1							
Big Horn		9		3								1			
Blaine				1											
Broadwater															
Carbon															
Carter															
Cascade		23		14	1	2					1				
Chouteau															
Custer															
Daniels															
Dawson				1	1							1			
Deer Lodge													1		
Fallon											2	1			
Fergus															
Flathead		2	1	5	1										
Gallatin		18	1	2		1									
Garfield															
Glacier				5											
Golden Valley															
Granite															
Hill		5		1											
Jefferson															
Judith Basin															
Lake		4		2											
Lewis & Clark		12	1	1											
Liberty															
Lincoln															
McCone												1			
Madison															
Meagher															
Mineral															
Missoula		13		6		3									
Musselshell															
Park															
Petroleum															
Phillips															
Pondera												1			
Powder River															
Powell															
Prairie															
Ravalli			1	1											
Richland															
Roosevelt	1			2							2			2	
Rosebud				7							2	1			
Sanders															
Sheridan															
Silver Bow															
Stillwater															
Sweet Grass															
Teton															
Toole							1								
Treasure															
Valley															
Wheatland															
Wibeux															
Yellowstone		38		6			1						1		
MONTHLY TOTAL 1987	1	125	4	57	3	6	2	1	0	0	7	6	2	2	0
MONTHLY TOTAL 1986	8	22	11	61	2	10	2	0	0	1	16	27	7	3	1
MONTHLY TOTAL 1985	3	6	8	53	1	11	2	1	2	1	28	11	12	7	2
TOTAL TO DATE 1987	1	125	4	57	3	6	2	1	0	0	7	6	2	2	0
TOTAL TO DATE 1986	8	22	11	61	2	10	2	0	0	1	16	27	7	3	1
TOTAL TO DATE 1985	3	6	8	53	1	11	2	1	2	1	28	11	12	7	2

OTHER DISEASES: Chickenpox: Dawson, 5; Flathead, 8; Lake,28; Pondera,1; Roosevelt, 1; Yellowstone,3; AIDS: Lewis and Clark, 1; Amebiasis: Gallatin, 1; Early latent Syphilis (>1 year): Missoula, 1

DELAYED REPORTS: